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RE: 20 CFR Parts 404 and 416  
RIN 0960-AF35

The American Academy of Neurology appreciates the opportunity to comment regarding 20 CFR Parts 404 and 416 – Medical Criteria for Evaluating Neurological Impairments.

Comments and suggestions are being solicited by the SSA for the purpose of updating and revising the rules for evaluating impairments. Specific comments are needed on the Listing of Impairments, a published list that contains medical criteria that the SSA uses to determine disability on the basis of medical criteria alone. Listing level disability decisions are primarily based on medical information provided by treating physicians and other health care professionals. The listings are divided into 14 body systems, numbered from 1.00 to 14.00 for adults and from 100.00 to 114.00 for children. The SSA is interested in any comments or suggestions about sections 11.00 and 111.00.

*The criteria for epilepsy can only be applied “only” if the impairment persists despite the fact that the individual is following prescribed antiepileptic treatment. Determination of blood levels of phenytoin sodium or other antiepileptic drugs may serve to indicate whether the prescribed medication is being taken.* Add the word “only” as indicated in the above criteria. Because AED levels might be misinterpreted by those who do not have knowledge of pharmacokinetics, proper neurological expertise should be required. Evaluations should not rely on drug levels alone because many of the newer anticonvulsants do not have drug levels and so other testing should be considered. An example would be longer term EEG monitoring.

Regarding 11.04A Central nervous system vascular accident. With one of the following more than 3 months post-vascular accident: Sensory or motor aphasia impairment. Organic depression is also a common cause of disability.

A fourth criteria should be added to 11.09 *Multiple sclerosis*. With: **D. Fatigue, which interferes with the ability to function mentally or physically.**

Several new neurological listings and criteria should also be added underneath 11.00 for adults. Dementia and chronic encephalopathies (regardless of type) are neurological disorders often associated with other neurological abnormalities and should be addressed in the neurological listings. We also ask that you consider adding listings and criteria for multi-system atrophy.

We suggest that Listing 11.12 be changed from myasthenia to Neuromuscular transmission disorders and include 11.13 under listing 11.12. "A." should include gravis myasthenia and "B" to include Eaton-Lambert syndrome.

New neurological listings and criteria should be added underneath 111.00 for children. Attention, learning, development, and genetic and metabolic disorders are associated with neurological abnormalities and should be addressed in the neurological listings.

Further research on the standings for pain and headache should be conducted.

We strongly support efforts to revise the neurological criteria used to make a disability decision solely on the basis of medical criteria. The current listing criteria are out-of-date and focus mainly on motor deficits. The current medical criteria are written under the premise that neurological disorders are primarily disabling by the impairment of motor functioning and do not direct neurological evaluations that include proper comprehensive neurological assessments that include evaluation of mental, special senses, and communication functioning. The AAN suggests changing from disease specific to functional categories or problems: motor and sensory deficits, cognitive/behavioral, speech/ language, and vision/hearing. Questions should be relative to functions and ask for the etiology. For example, motor deficit as exhibited by inability to use arm and leg, caused by stroke.

We thank you for the opportunity to comment on these important issues and look forward to the next phase of revisions. If you have any questions about our comments, please contact Ms. Kristina Schaab at the AAN (651) 695-2783 or [kschaab@aan.com](mailto:kschaab@aan.com).

Respectfully yours,



Thomas R. Swift, MD, FAAN  
President, AAN